



NEW JERSEY STATE EMPLOYEES  
DEFERRED COMPENSATION PLAN

06

## Salary Deferral Change Form

### NJ STATE EMPLOYEES DEFERRED COMPENSATION PLAN

#### Instructions

Please print using blue or black ink. Please keep a copy for your records and send completed form to the following address or fax it to **1-570-340-4328**. If faxing, please keep original for your records.

#### Prudential

30 Scranton Office Park  
Scranton PA 18507-1789

#### Questions?

Call 1-866-NJSEDCP (1-866-657-3327) for assistance.

If you are hearing impaired and have a teletype (TTY) line, call 1-877-760-5166.

**If you are a new participant you must also complete the "REQUEST FOR ENROLLMENT" Form before authorizing payroll reductions or an account cannot be established for you.**

#### About You

Plan number

0 0 6 1 4 9

Please provide your division/department name

\_\_\_\_\_  
(Please print entire division/department name)

Social Security number

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Daytime telephone number

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

area code

First name

MI Last name

\_\_\_\_

#### Agreement

For the purpose of obtaining the benefits of Section 457 of the Internal Revenue Code, until further notice, I authorize my employer to reduce my salary by:

\_\_\_\_ %

Amount of reduction each pay period

The amount of each salary reduction made as described above shall be transmitted to Prudential as soon as administratively possible. This salary reduction agreement is legally binding and irrevocable with respect to amounts earned while it is in effect. The number of times I may change this agreement is subject to any restrictions in my employer's program.

**X**

Your Signature

Date

\_\_\_\_

\_\_\_\_